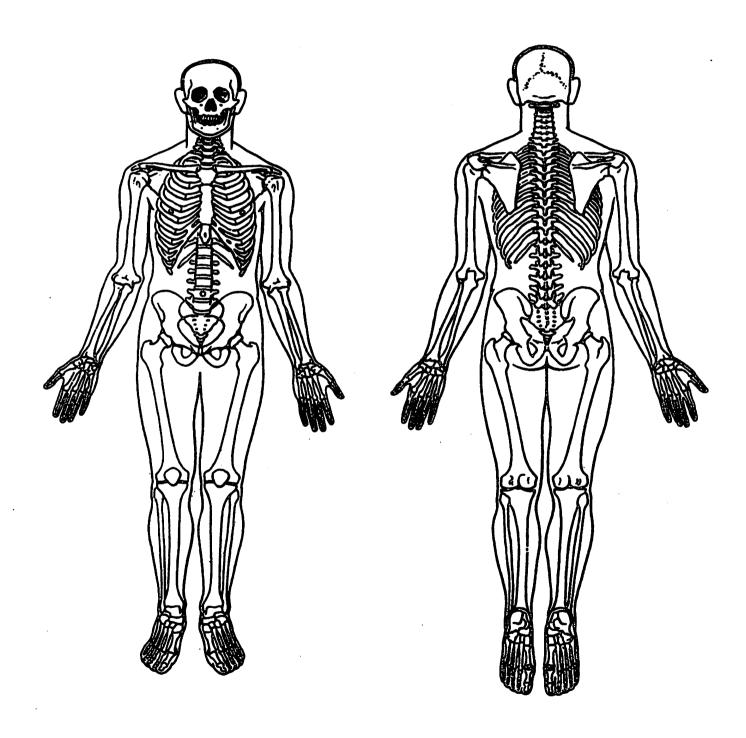
## OFFICE OF THE ARMED FORCES MEDICAL EXAMINER

ME#:\_\_\_\_\_\_ Date:\_\_\_\_\_



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